

ber ballots were taken, and immediately after the votes had been counted, he was thumping the tub for his pet scheme to elevate himself to medical czar of 147,000,000 Americans. The hackneyed phrase "a mandate from the people" has already come out of mothballs.

Medicine faces the task of meeting this political pressure by educating the American people in the true meaning of what compulsory health insurance will bring in its wake. Regimentation of the professions and the public, restriction of personal liberty of all of us, bureaucracy in the meanest sense of the term, deterioration of scientific standards, invitation to further socialization, creation of an all-powerful central government—these are some of the possibilities which the medical profession is now bound to present to the American people, 147 million of them. This is the task cut out for medicine, a task now recognized by the A.M.A. and one which must not be shirked. There are millions of people and millions of miles to be covered, but covered they must

be if the story of medicine and the story of a nation conceived and developed in the tradition of private enterprise are to be heard.

Medicine must remain a scientific profession but it must recognize that to remain scientific it is now necessary to become an economic unit, to create a voice which will be heard in the four corners of the country, to become militant in the public interest. This is not a case of self-protection; medicine knows that what is good for the public is good for the profession, and state medicine has yet to prove, in more than sixty years of trial, that it can achieve for the public anything approaching the result of an unfettered profession working under a private enterprise system.

The A.M.A. session proved that medicine can become militant when it sees the way. The will is there, the spirit present. All that remains now is for the profession as a whole to get behind the movement and put medicine on the march.



In the Beginning

For the convenience of readers, CALIFORNIA MEDICINE, starting with this issue, will print the summaries of articles at the beginning rather than at the end of the article. This cannot be done in all cases, of course, for some articles either do not lend themselves readily to succinct summarization or would be spoiled for the reader if some measure of the contents were made known to him in advance; but with these reservations, it will be done where it can be done.

The purpose of this change is to give the reader a means of judging, at the time he reads the title of an article, whether or not he might expect to profit by reading further.

Behind the decision to make the change was the knowledge that many readers commonly read the

title and then turn to the summary for indication as to the value of the full article to them. It is thought that putting title and summary on the same page will aid in accomplishing the same purpose less cumbersome.

Although admittedly a departure from convention, the new arrangement is not pioneering on the part of CALIFORNIA MEDICINE. At least two other scientific journals, *The Journal of Chemical Physics* and *The Journal of Applied Physics*, for some time and apparently without unhappy reverberation have been printing summaries at the beginning of articles.

If the new pattern is less logical than it now appears to be, CALIFORNIA MEDICINE anticipates that it will not be long in hearing of this from its subscribers.